



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name

Lee Sloan, M.D. for Marion County Coroner

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 508-5532

4. Mailing Address (address where all campaign finance correspondence is received)

7352 Oakland Hills Drive

☒ Check if this is a new address

5. City, State, ZIP Code

Indianapolis, IN 46236

6. Party Affiliation (if applicable)

Democratic Party

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Dr. Leeandrea "Lee" Sloan

8. Party Affiliation or If Independent Candidate

Democrat

9. Office Sought (Include district number, if any. *Not required for exploratory committees.*)

Marion County Coroner

10. County of Residence

Marion County

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend *Statement of Organization*)

CONVENTION CANDIDATES ONLY

Check one:

☒ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 1/1/2016

Through: 12/31/2016

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

6,423.90

14. Cash on hand and investments January 1, current year.

6,423.90

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use *Schedule A*)

1,700.00

1,700.00

15b. Unitemized

401.36

401.36

15c. Add lines 15a and 15b in both columns

SUBTOTAL

2,101.36

2,101.36

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

8,525.26

8,525.26

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use *Schedule B*) (Public Question: use *Schedule C*)

2,217.67

2,217.67

17b. Unitemized

1,838.52

1,838.52

17c. Add lines 17a and 17b in both columns

SUBTOTAL

4,056.19

4,056.19

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

4,469.07

4,469.07

19. Debts OWED BY the committee (use *Schedule D*)

0.00

20. Debts OWED TO the committee (use *Schedule E*)

0.00

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasurer

Date

1/17/2017

Signature of Candidate (if applicable)

Date

1/17/2017

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

JAN 18 2017

FILED

JAN 18 2017

Myra A. Eldridge

**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaled on ITEM 15a** of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. ATU COPE VOLUNTARY ACCOUNT 10000 NEW HAMSHIRE AVENUE SILVER SPRING, MD 20903 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$100.00	\$100.00	6/24/2016
2. ERMA CARMICHEL 8331 S. LUELLA AVE CHICAGO, IL 80617-1845 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$100.00	\$100.00	5/14/2016
3. KATHERINE SWEENEY BELL ONE INDIANAPOLIS COMMITTEE 200 E. WASHINGTON STREET SUITE 741 INDIANAPOLIS, IN 46204 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$1,500.00	\$1,500.00	10/18/2016
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1,700.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 1,700.00		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 3 of 3

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ RYAN FOR ADVISORY BOARD MARION COUNTY DEMOCRATIC PARTY 155 E. MARKET STREET, SUITE 400	ADVISORY BOARD IN FRANKLIN TOWNSHIP	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	4/20/2016
Code _____ GREGG FOR GOVERNOR MARION COUNTY DEMOCRATIC PARTY 155 E. MARKET STREET, SUITE 400	GOVERNOR	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Reimbursement Purpose: Chairman's Club Annual Dues	\$150.00	\$150.00	4/26/2016
Code _____ RATHNOW FOR INDIANA MARION COUNTY DEMOCRATIC PARTY 155 E. MARKET STREET, SUITE 400	HOUSE OF REPRESENTATIVES	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$100.00	\$100.00	5/3/2016
Code _____ MARION COUNTY DEMOCRATIC PARTY 155 E. MARKET STREET, SUITE 400 INDIANAPOLIS, IN 46204	N/A	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	8/10/2016
Code _____ ANDRE CARSON MARION COUNTY DEMOCRATIC PARTY 155 E. MARKET STREET, SUITE 400	U.S CONGRESS	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$250.00	\$250.00	10/11/2016
Code _____ JEWETT PRINTING, LLC P.O. BOX 390 219 WEST MAIN STREET FARMERSBURG, IN 47850		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$367.67	\$367.67	9/6/2016
Code _____ EZ PRINTING - POSTAGE 1832 EXECUTIVE DRIVE INDIANAPOLIS, IN 46241		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	\$1,000.00	\$1,000.00	11/4/2016
SUBTOTAL THIS PAGE OF SCHEDULE B			\$2,217.67		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$2,217.67		